

State of Alaska

2009 Amended Operator License

Application Instructions

Use the amended operator application to correct errors or make changes to information submitted on your original 2009 operator license application. Please allow three to four weeks for the amended application to be processed.

Note: If you add a game type or change gaming locations, you must submit a copy of the completed amended application to the nearest municipality or borough where the gaming activities will occur.

Operator Information

List your federal employer identification number (EIN) or social security number and your legal name. Do not complete any of the other information requested in this section unless the information reported on your original application has changed.

Change of Location(s) of Activity

If you are adding a facility, check the add box and complete all information requested in this section for the new facility. Attach a copy of the lease (if applicable), verification of liability insurance and amended contracts for the new game types.

If you have ceased gaming activity at a facility where you have previously been licensed, check the delete box and enter the name and physical address of the facility.

Please attach an amended contract for the new type of game and amended contracts for each permittee for whom games will be conducted at the new location.

Additionally, the permittee must complete and submit an application or amended application along with the contract or amended contract for the new location or activity.

Change in Contracted Permittee

If you are adding a permittee, enter the permittee's permit number, name and the type of games that will be conducted on the permittee's behalf.

If you are deleting a permittee, check the delete box, enter the permittee's permit number, name and the type of games previously conducted on the permittee's behalf.

Managers & Supervisors

Add a manager or supervisor by checking the add box and by completing all information requested under this section.

Delete a manager or supervisor by checking the delete box and entering the employee's first name, middle initial, last name and social security number. Attach additional sheets as necessary.

Legal Questions

Answer the questions by checking the yes or no box. If you answer yes to either question, you must submit the person's name, date of birth, social security number and position of responsibility.

Signature

The operator must sign and date the amended application.

Local Municipality

A change of location(s) for Permittees requires notice under AS 05.15.030(a). You can accomplish this notice requirement by submitting one copy of your amended application to the city or borough nearest to the location where activity will be conducted under AS 05.15